

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90385 023 \*\*\*150.00

**DOCUMENT # P96000095541**

1. Entity Name  
WALT'S PERFORMANCE AUTOMOTIVE, INC.



Principal Place of Business  
1984 SW BILTMORE ST, SUITE 108  
PORT ST LUCIE, FL 34984

Mailing Address  
1984 SW BILTMORE ST, SUITE 108  
PORT ST LUCIE, FL 34984



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0718119  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JACOBS, WALTER  
1984 SW BILTMORE ST, SUITE 108  
PORT ST LUCIE, FL 34984

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Walter Jacobs* WALTER JACOBS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JACOBS, WALTER
STREET ADDRESS	222 SW CHELSEA TERR 502 SW LAKOTA AVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34984 34953
TITLE	D
NAME	JACOBS, THERESA
STREET ADDRESS	222 SW CHELSEA TERR 502 SW LAKOTA AVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34984 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Jacobs* WALTER JACOBS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

772-340-7500

Daytime Phone \*